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CVISION OF CORPORATIONS

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TRANSMITTAL LETTER

TO:	Registration Section Division of Corporations					
SUBJI	ECT: S. S. ALTERNATIVE, LLC (Name of Limited Liability Company)					
The en	closed Articles of Organization and fee(s) are submitted for filing.					
	Please return all correspondence concerning this matter to the following:					
	J. WESLEY COMPTON					
	(Name of Person)					
	S. S. ALTERNATIVE, LLC					
	(Firm/Company)					
6502 Blackfin Way						
	(Address)					
	Apollo Beach, Florida 33572					
	(City/State and Zip Code)					
For fun	ther information concerning this matter, please call:					
	J. WESLEY COMPTON at (863) 688-4500					
	(Name of Person) (Area Code & Daytime Telephone Number)					

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 STATE OF CORPORATIONS

ARTICLES OF ORGANIZATION **FOR** FLORIDA LIMITED LIABILITY COMPANY

ARTICLE II - Ac				
The mailing address and street address of the principal office of the Limited Liab				
Principal Office A	Address:	Mailing Address:		
6502 BLACKFIN WA	Υ	6502 BLACKFIN WAY		
APOLLO BEACH		APOLLO BEACH		
FLORIDA 33572		FLORIDA 33572		
	Florida street address of J. WESLE	tered Office, & Registered Agent' the registered agent are:	's Signature:	
ARTICLE III - R	Florida street address of J. WESLE	tered Office, & Registered Agent' the registered agent are:	's Signature:	
ARTICLE III - R	Florida street address of J. WESLE	tered Office, & Registered Agent' the registered agent are:		
ARTICLE III - R	Florida street address of J. WESLE 6502 BLA	tered Office, & Registered Agent' the registered agent are: Y COMPTON Name		
ARTICLE III - R	J. WESLE 6502 BLA Florida street address	tered Office, & Registered Agent' the registered agent are: Y COMPTON Name CKFIN WAY		
ARTICLE III - R	J. WESLE 6502 BLA Florida street address APOLLO	tered Office, & Registered Agent' the registered agent are: EY COMPTON Name CKFIN WAY IS (P.O. Box NOT acceptable)	s Signature: 04 SEP 17 PM	

Page 1 of 2 (CONTINUED)

Having

agree to

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Ma "MGRM" = 1	anager Managing Member	Name and Address:	
MGRM		J. WESLEY COMPTON 6502 BLACKFIN WAY APOLLO BEACH, FLORIDA	
			<u></u>
(Use attachm	nent if necessary)		14 SEP 17 PH 5:
NOTE: An	additional article must be a	added if an effective date is requested.	CORPORATIONS 7 PM 5: 17
REQUIRED	SIGNATURE:	•	1 Tions
	Signature of a member or an au	thorized representative of a member.	
	(In accordance with section 608.4 of this document constitutes an aft that the facts stated herein are true	108(3), Florida Statutes, the execution firmation under the penalties of perjury e.)	
	J. WESLE	Y COMPTON	
		ted name of signee	

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)